

SEC'D R/S

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Steven C. Sims

Application No.: 09/466,512

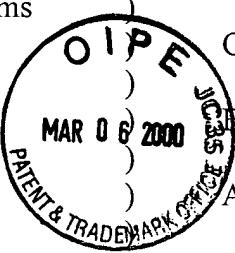
Filed: 12/17/1999

Title: ARCHERY BOWS

Group Art Unit: 3712

Examiner: Not Assigned

Attorney's Docket No.: 518900-0005



CERTIFICATE OF MAILING

Box Missing Parts

Assistant Commissioner for Patents

Washington, D.C. 20231

The following documents are today being deposited with the United States Postal Service "First Class Mail Post Office to Addressee" service under 37 C.F.R. 1.8 in an envelope addressed to Assistant Commissioner for Patents, Box Missing Parts, Washington, D.C. 20231.

- (1) a Transmittal Form;
- (2) a Notice to File Missing Parts;
- (3) a Fee Transmittal Form;
- (4) a check (no. 11252) in the amount of \$445.00 to cover the filing and surcharge fees;
- (5) a Declaration;
- (6) a Statement Claiming Small Entity Status (Independent Inventor and Small Business Concern);
- (7) an Assignment;
- (8) a certificate of mailing; and
- (9) an itemized return receipt postcard.

Signed at Seattle, Washington this 29th day of February, 2000.

Respectfully submitted,
Steven C. Sims

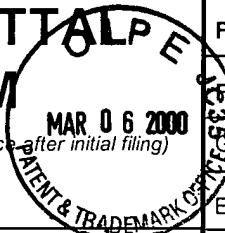
By Lance A. Termes
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Please type a plus sign (+) inside this box →

PTO/SB/21 (6-98)
Approved for use through 09/30/2000. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/466,512
		Filing Date	12/17/1999
		First Named Inventor	Sims
		Group Art Unit	3712
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	518900-0005



ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Declaration for Utility Patent Application (37 CFR 1.63)
<input type="checkbox"/> Information Disclosure Statement	<input checked="" type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Lance A. Termes Registration No. 43,184
Signature	
Date	February, 29 2000

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name	Michelle R. West		
Signature		Date	February 29, 2000

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FEE TRANSMITTAL for FY 2000

*Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.*

TOTAL AMOUNT OF PAYMENT (\$)

445.00

Complete if Known

Application Number	09/466,512
Filing Date	12/17/1999
First Named Inventor	Sims
Examiner Name	
Group / Art Unit	3712
Attorney Docket No.	518900-0005

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **13-3571**
Deposit Account Name **Miller Nash LLP**

Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION (continued)**ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	205	Surcharge - late filing fee or oath	65.00
127	227	Surcharge - late provisional filing fee or cover sheet.	
130	139	Non-English specification	
147	2,520	For filing a request for reexamination	
112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	Requesting publication of SIR after Examiner action	
115	110	Extension for reply within first month	
116	380	Extension for reply within second month	
117	870	Extension for reply within third month	
118	1,360	Extension for reply within fourth month	
128	1,850	Extension for reply within fifth month	
119	300	Notice of Appeal	
120	300	Filing a brief in support of an appeal	
121	260	Request for oral hearing	
138	1,510	Petition to institute a public use proceeding	
140	110	Petition to revive - unavoidable	
141	1,210	Petition to revive - unintentional	
142	1,210	Utility issue fee (or reissue)	
143	430	Design issue fee	
144	580	Plant issue fee	
122	130	Petitions to the Commissioner	
123	50	Petitions related to provisional applications	
126	240	Submission of Information Disclosure Stmt	
581	40	Recording each patent assignment per property (times number of properties)	
146	690	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	690	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify) _____			
Other fee (specify) _____			

* or number previously paid, if greater; For Reissues, see below
 Large Entity Small Entity
 Fee Fee Fee Fee Fee Description
 Code (\$) Code (\$)

Total Claims	-20**	=	X	Fee from below	Fee Paid
Independent Claims	- 3**	=	X		
Multiple Dependent		=			

** or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity
 Fee Fee Fee Fee Fee Description
 Code (\$) Code (\$)

103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	260	204	130	Multiple dependent claim, if not paid
109	78	209	39	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

0

SUBTOTAL (3) (\$)

65.00

SUBMITTED BY*Complete if applicable*

Name (Print/Type)	Lance A. Termes	Registration No. (Attorney/Agent)	43,184	Telephone	(206) 622-8484
Signature	<i>Lance A. Termes</i>			Date	2/29/00

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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